



# Illinois Department of Revenue

## IL-941-X Amended Illinois Quarterly Withholding Tax Return

### Read this information first.

You must complete this form to report corrections to your Form IL-941.

### When is Form IL-941-X due?

You should report any increases in your tax due as soon as possible to minimize penalties and interest. If your change decreases your tax due, you must file Form IL-941-X no later than

- three years after the 15th day of the 4th month following the close of the calendar year in which the tax was withheld, or
- one year after the date the tax was paid.

### Which parts must I complete?

Everyone must complete Steps 1, 3, and 4 to report changes to any amounts previously reported on Form IL-941. Complete Step 2 only if you are making changes to tax withheld from payments to a recipient.

### What if I need additional assistance?

If you need assistance, visit our web site at [tax.illinois.gov](http://tax.illinois.gov); call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m.

### Step 1: Complete the following account information

Business name \_\_\_\_\_

Federal employer identification number (FEIN) \_\_\_\_\_

Seq. number \_\_\_\_\_

Owner(s) \_\_\_\_\_

Tax year \_\_\_\_\_ / \_\_\_\_\_ Quarter

Number and street address \_\_\_\_\_

Are you a sole proprietor? ☐ Yes ☐ No

If "yes", write your

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is this a new address? ☐ Yes ☐ No

( )  
Daytime telephone number \_\_\_\_\_

**Step 2: Complete recipient information** (Complete only if you are making changes to taxes withheld from payments to a recipient.) Complete Columns A through E to correct withholding errors on your most recently filed IL-941 for the **current year** only. See Publication 131, Withholding Income Tax Filing and Payment Requirements.

#### Column A

Recipient's Social Security number (SSN)

#### Column B

Recipient's name and state of residency

#### Column C

Amount previously reported on W-2, W-2G, and 1099 forms

#### Column D

Net change increase or (decrease)

#### Column E

Corrected amount

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**Note** If you need additional space, attach a sheet that follows this format.

2 Add Column C and write the result.

2 \_\_\_\_\_

3 Add Column D and write the result here and on Step 3, Line 6, Column B.

3 \_\_\_\_\_

4 Were W-2-Cs issued? ☐ Yes ☐ No If "yes," write the date the W-2-Cs were issued.

4 \_\_\_\_\_  
Month / Day / Year

### Step 3: Figure your correct withholding

**Column A**  
Amount previously reported

**Column B**  
Net change increase or (decrease)

**Column C**  
Corrected amount

5 Write the amount of compensation and gambling winnings (including Illinois lottery winnings) subject to withholding.

5 \_\_\_\_\_

6 Write the total Illinois Income Tax required to be withheld. (If applicable, complete Step 2 before you write an entry.)

6 \_\_\_\_\_

7 Write the total amount of payments (*i.e.*, electronic and Forms IL-501 and IL-941), plus any credit or overpayment from a previous quarter.

7 \_\_\_\_\_

8 If Line 6, Column C, is more than Line 7, Column C, write the difference.

This is the amount of tax you owe. Make your remittance payable to "Illinois Department of Revenue."

8 \_\_\_\_\_

**Note** You may be assessed penalties and interest if this amended return is filed after the due date of your original Form IL-941. If so, we will send you a notice.

9 If Line 6, Column C, is less than Line 7, Column C, write the difference. This is the amount of your overpayment. You must answer the following questions.

9 \_\_\_\_\_

a Do you want your overpayment applied to a subsequent quarter? ☐ Yes ☐ No  
If "yes", write the year and quarter.

b Do you want your overpayment to be refunded to you?

☐ Yes ☐ No

Tax year \_\_\_\_\_ / \_\_\_\_\_ Quarter

**Note** If you have an unpaid liability for any Illinois tax, your overpayment will be applied to that liability. Any remaining overpayment will be applied as you specified on Line 9a or 9b.

10 Write a **detailed explanation** of your changes (*e.g.*, Step 3, Line 5, Column B, is a decrease in wages and tax previously reported for this quarter).

### Step 4: Sign below

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Authorized signature (full name required) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

( )  
Daytime telephone number \_\_\_\_\_

**Mail this return to: Illinois Department of Revenue, P.O. Box 19007, Springfield, IL 62794-9007**